

**EMPLOYMENT APPLICATION**  
**City of Gahanna**  
**Civil Service Commission**  
**Return to: Human Resources Department**  
**200 South Hamilton Road**  
**Gahanna, OH 43230**

Position Applied For \_\_\_\_\_

**Section I – PERSONAL INFORMATION – All information must be printed legibly or typed or the application may be subject to rejection.**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Phone (Include Area Code) \_\_\_\_\_ County \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Military Credit Claim \_\_\_\_ Applicant must submit DD-214 or Honorable Discharge to receive credit.

**AVAILABILITY INFORMATION**

- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 7. Are you interested in full-time permanent work? | ___        | ___       |
| 8. Are you interested in PART-TIME work?           | ___        | ___       |
| 9. Are you interested in TEMPORARY work?           | ___        | ___       |
| 10. Are you interested in SUMMER work only?        | ___        | ___       |

**For Office Use Only:**  
Examination Title: \_\_\_\_\_

Exam Score and Rank: \_\_\_\_\_

11. Date available to begin work: \_\_\_\_\_

- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 12. Do you have a valid Ohio Driver's License, or are you willing to obtain one? | ___        | ___       |
| 13. Are you currently authorized to work for all employers in the United States? | ___        | ___       |
| 14. Are you currently authorized to work only for your current employer?         | ___        | ___       |
| 15. Are you under 18 years of age?   | ___        | ___       |

**WITHIN THE LAST FIVE YEARS**

16. Have you ever been convicted of any felony? \_\_\_\_\_
17. Have you had your Driver's License suspended or revoked? \_\_\_\_\_
18. If you have answered "YES" to question 16 or 17, please explain fully below, indicating by number to which question you are responding. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II – EXPERIENCE**

19. In the areas on the next page, please indicate your past work experience. Beginning with your most recent employment, list the previous jobs which you have held, including a brief description of the job duties performed. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Major volunteer work may be included as employment; be sure to indicate the volunteer nature and supply other necessary information.

**PRESENT OR MOST RECENT JOB:**

Employer's name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of employment: FROM: mo. \_\_\_\_\_ yr. \_\_\_\_\_ TO: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Position (job title): \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Duties Performed

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**NEXT MOST RECENT JOB:**

Employer's name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of employment: FROM: mo. \_\_\_\_\_ yr. \_\_\_\_\_ TO: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Position (job title): \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Duties Performed

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Employer's name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of employment: FROM: mo. \_\_\_\_\_ yr. \_\_\_\_\_ TO: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Position (job title): \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Duties Performed

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**PLEASE LIST OTHER JOB RELATED EXPERIENCES:**

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**Section III – EDUCATION AND TRAINING**

**Circle Highest Year Completed:**   **High School**   9 10 11 12   **College**   1 2 3 4   **Graduate School**   1 2 3

Name and Address of High School and College	Graduated? Yes or No	Degree	Major Subjects
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**Other Training**


**Section IV - MISCELLANEOUS****20. References**

In the area below, please list the names and addresses of three individuals, other than relatives, who we may contact for a **PROFESSIONAL** recommendation.

Name	Address	City	State	Zip Code	Phone Number
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**21. Previous Addresses**

In the area below, please list your three previous addresses as well as how long you lived there.

Address	City	State	Zip Code	Years at Address
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**APPLICATION WILL NOT BE ACCEPTED IF THIS DOCUMENT IS NOT SIGNED.**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current only for 12 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. I affirm or swear that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding a person who has attended me or who may hereafter attend me, or any previous employer listed from disclosing any knowledge of information which he or she thereby acquired relevant to my employment and I hereby consent that he or she may disclose such knowledge or information to the City of Gahanna.

Signature of Applicant \_\_\_\_\_

**The City of Gahanna is an Equal Opportunity Employer.**

# Personal Inquiry Waiver

I respectfully request and authorize you to furnish the **City of Gahanna** any and all information that you may have concerning my work, reputation, financial or credit status and educational records. This may include any and all medical records even though confidential or privileged in nature.

This information is to be used in determining my qualifications and fitness for the position I am seeking with the City of Gahanna, Ohio.

I hereby release you and your organization and others from any liability as a result of furnishing the above requested information. This form may be retained for your files.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **City of Gahanna**

## **Fair Credit Reporting Act Notification**

As part of the City of Gahanna's procedures for evaluating employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report may be obtained by the City. A consumer report may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that in preparing an investigative consumer report, Consumer Reporting Agencies may conduct personal interviews with the persons I have identified as references, as well as others with whom I am acquainted. I understand that I have the right to request information from the City regarding the nature and scope of such an investigation. I acknowledge that I have received a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act". I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that the City will not obtain information from a Consumer Reporting Agency without my written permission. I hereby authorize the City to request consumer reports or investigative consumer reports to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and discharge the City, its employees, officers, agents and affiliates from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

### **ACKNOWLEDGEMENT**

Signature of Applicant or Employee \_\_\_\_\_

Name of Applicant or Employee (Printed) \_\_\_\_\_

Date \_\_\_\_\_

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



## *City of Gahanna Recruiting Information*

In order to accurately track our recruiting efforts, we request that you answer the following questions. Information on this form will not be used when making the hiring decision.

What position are you applying for? \_\_\_\_\_

How did you learn about the position?

- ☐ Columbus Dispatch
- ☐ Gahanna News
- ☐ Rocky Fork Enterprise
- ☐ Gahanna website ([www.gahanna.gov](http://www.gahanna.gov))
- ☐ The Columbus Post
- ☐ College Posting (Name of College Posting \_\_\_\_\_)
- ☐ CareerBoard
- ☐ Career Fair (Name of Career Fair \_\_\_\_\_)
- ☐ Highway Patrol Recruiting Fair
- ☐ Other (Please list \_\_\_\_\_)